

Model Letter from M+COs that are returning to the M+C Program or re-entering a previously-reduced service area.

Date:

Dear <insert beneficiary's name>:

In October, [*name of M+C Organization*] sent you a letter notifying you that after December 31, 2000, we would no longer offer [*name of M+C plan*] in [*name of county(ies) and/or state*].

We are pleased to inform you that [*name of M+C Organization*] will offer [*name of M+C plan*] in [*name of county(ies)*] beginning in March 2001. Congress recently passed a law that allows Medicare health plans that left the Medicare program to return for 2001.

Please read the enclosed 2001 Summary of Benefits that describes the plans and benefits we will offer to people with Medicare in your area. All benefits begin [insert *March 1* or *April 1*], 2001 and go through December 31, 2001. The Health Care Financing Administration (HCFA), the Federal Medicare Agency, has reviewed and approved these benefits, premiums, and co-payments.

If you want to receive your benefits from [*name of M+CO*] beginning [insert *March 1* or *April 1*], 2001, please complete and sign the enclosed enrollment form and send it to us at [insert appropriate address] or [*in the enclosed postage paid envelope*]. We must receive your completed enrollment form no later than [insert *February 28th* if coverage will be effective March 1 or *March 10* if coverage will be effective April 1] in order for your coverage to begin on [insert *March 1* or *April 1*].

If you have already enrolled in a new managed care plan and would like to remain enrolled in that plan, do nothing.

If you have already disenrolled from a Medicare managed care plan and purchased a supplemental (Medigap) policy, please read the information attached to this letter. If you would like to discuss your choice with a trained counselor please call the [*insert specific State Health Insurance Assistance Program name*] at [1-800-[XXX-XXXX] and [TTY/TDD number]].

WHERE TO CALL FOR HELP - INFORMATION & ASSISTANCE

If you need more information about [*M+C plan*], please contact our Member Services Department at [*M+C Organization's telephone number and TTY/TDD number*]. Please check with them to make sure that your doctors and hospitals are still part of [*M+C plan*]'s network. Customer Service Representatives are available Monday through Friday [*X:XX a.m. to X:XX p.m.*].

For general information or helpful booklets about Medicare, call 1-800-MEDICARE

(1-800-633-4227 and TTY 1-877-486-2048). For help comparing your Medicare health plan choices or choosing a Medigap insurance policy, call the [insert specific State Health Insurance Assistance Program name] at [1-800-[XXX-XXXX]] and [TTY/TDD number].

We sincerely regret any inconvenience and concerns these changes may have caused you. We look forward to serving those of you who decide to stay with [*name of M+C Organization*].

Sincerely,

[*CEO or other official of M+C Organization*]

Attachment

What You Need to Know if You Have Applied For or Purchased a Medigap Policy and You Wish to Reenroll in Your Managed Care Plan

If you have applied for or purchased a Medigap policy and you think you now may decide to reenroll in [*name of M+C Organization*], you should be aware that, under certain circumstances, the decision to return or cancel a Medigap policy may cost you money.

If your Medigap policy has not yet become effective:

Before a policy becomes effective, you need only to contact the Medigap company or its agent to withdraw the application and request that the company return to you any premium payment submitted with the application. If you do so you should receive a full premium refund and not lose any money.

The 30-Day Right to Return Period:

For the first 30 days your policy is in effect, you have a *Right to Return* the policy for a full premium refund, **as if the policy was never in effect.**

If you return the policy within 30 days, you will receive a full premium refund.

Caution: During the time you were covered by the Medigap policy, you were receiving your benefits through the Original Medicare Plan. If you received any Medicare covered health care services during that time, Medicare will pay for them, but you will be responsible for paying any Medicare coinsurance and deductibles that apply, just as you would if you had never purchased a Medigap policy.

After the 30-Day Right to Return Period

After the 30-day Right to Return period, you may cancel your Medigap policy. This means that the Medigap policy remains in effect for the entire time between the effective date and the cancellation date. The policy will pay supplemental benefits for all claims that were incurred during that period, but federal law does not require *the Medigap company to return any premium it has received*. **You may lose any premium you have paid in advance.** A trained counselor with [*insert specific state Health Insurance assistance Program name*] will be able to tell you whether the law in your State would require the Medigap company to return any premium it has received if you cancel your policy.